

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/019387  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4						
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
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TOTAL IND.	4		4			
TOTAL DEP.	11					
TOTAL CLAIMS	15					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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